
HEALTH CARE FACILITY LICENSE AND/OR CERTIFICATION PLAN REVIEW CHECKLIST

The Office of the State Fire Marshal, Division of Code Enforcement and Building Safety, shall review plans of health care facilities that are licensed and/or certified by the State of Louisiana. As such, plans and specifications for applicable facilities will be required to contain appropriate information for review. The information outlined in this document represents the minimum criteria necessary for this office to determine compliance with the licensing requirements. Please note that this list is not comprehensive or all-inclusive and does not address all aspects of every facility. In order to ensure that the proposed projects can be expeditiously reviewed, applicable requirements should be addressed in the documents submitted for review. The requirements for licensed facilities are contained within the following references:

- **Facility Guidelines Institute (FGI), Guidelines for Design and construction of Health Care Facilities, 2010 edition;**
- **Louisiana Administrative Code (LAC) Title 48.**

Drawings and specifications shall also document compliance with the Louisiana Revised Statutes (LRS, see Fire Marshal's Act on our web site at www.dps.state.la.us/sfm), the Life Safety Code (NFPA 101) and all promulgated National Fire Codes, the Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (see ADA-ABA, under Codes/Rules/Laws on our web site), the Fair Housing Act, the Commercial Building Energy Conservation Code, (L.R.S. 40:1730.41 through 1730.48), the Louisiana State Uniform Construction Code (L.R.S. 40:1730.21 through 1730.40), the Architects Licensing Law, (L.R.S. 37:155), the Engineers/Land Surveyors Licensing Law (L.R.S. 37:696(B) & LAC 46:LXI. 2701), and the Louisiana State Sanitary Code (LAC Title 51, as may be applicable, see also "PLUMBING INFORMATION" below). Refer to additional checklists available on our web site for required items.

The applicable general information contained in this checklist should be clearly identified on the drawings and/or specifications, or provided in the form of an attachment to the submitted documents. An attachment is acceptable as long as it is part of the official construction documentation. Failure to provide this information may delay the review of the project or cause it to be rejected for lack of significant information. Additional information and/or drawings are never discouraged and may be necessary to describe complex or unique conditions contained in the project.

As an aid to streamline the architectural plan review process, we ask that you complete this checklist, and attach it to your Plan Review Application. Your help, up front, will facilitate a complete submittal package, shorten our review time, and help us to get your project reviewed and returned sooner. Please verify that each item below is: A. in your submittal, B. correct, and C. is coordinated within the submittal. Provide a check mark adjacent to each item or print "N/A" for items not applicable to this submittal. Thank you for your help, in completing and coordinating the items in this checklist.

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**FACILITY CLASSIFICATION
(Check One)**

- | | |
|---|---|
| <input type="checkbox"/> General Hospital | <input type="checkbox"/> Therapeutic Community (Long Term Residential) |
| <input type="checkbox"/> Psychiatric Hospital | <input type="checkbox"/> ESRD (Dialysis Center) |
| <input type="checkbox"/> Rehabilitation Hospital | <input type="checkbox"/> Rural Health Clinic |
| <input type="checkbox"/> Ambulatory Surgical Center | <input type="checkbox"/> Pediatric Day Health Care |
| <input type="checkbox"/> Abortion Clinic | <input type="checkbox"/> Hospice Facility |
| <input type="checkbox"/> Abuse/Addiction Treatment Facility | <input type="checkbox"/> Nursing Home |
| Sub classification of Outpatient Facility: | <input type="checkbox"/> Personal Care Home (Level 1) |
| <input type="checkbox"/> Opioid Addiction Treatment | <input type="checkbox"/> Shelter Care Facility (Level 2) |
| <input type="checkbox"/> Children/Adolescent Program | <input type="checkbox"/> Assisted Living (Level 3) |
| <input type="checkbox"/> Treatment/Detoxification | <input type="checkbox"/> Adult Residential Care Provider (Level 4) |
| <input type="checkbox"/> Outpatient Counseling | <input type="checkbox"/> Adult Day Health Care |
| <input type="checkbox"/> Intensive Outpatient Treatment | <input type="checkbox"/> Intermediate Care Facility for the Developmentally Disabled (ICF/DD) |
| Sub classification of Twenty-Four Hour facility: | <input type="checkbox"/> Center-Based Respite Care |
| <input type="checkbox"/> Primary Residential Treatment | <input type="checkbox"/> HCBS Adult Day Care Module |
| <input type="checkbox"/> Inpatient Detoxification | <input type="checkbox"/> PRTF – Psychiatric Residential Treatment Facility |
| <input type="checkbox"/> Inpatient Primary Treatment | <input type="checkbox"/> TGH – Therapeutic Group Homes |
| <input type="checkbox"/> Community-Based Program | |

THE FOLLOWING HEALTHCARE RELATED ENTITIES DO NOT REQUIRE PLAN REVIEW BY OSFM FOR LICENSURE

- ☐ Physician offices
- ☐ Fertility clinics
- ☐ Sleep centers- except those requesting to be licensed as beds in a hospital
- ☐ Urgent care clinics
- ☐ Free standing cancer centers and cancer centers located within a hospital that provide only outpatient cancer services
- ☐ Outpatient imaging centers
- ☐ Outpatient Infusion centers – NOTE: hospital infusion units serving inpatients will require plan review
- ☐ Mobile units such as MRI, etc
- ☐ Mental health clinics
- ☐ Pain management clinics
- ☐ Any outpatient surgical procedure center not requesting to be licensed as an ambulatory surgical center or part of a licensed hospital
- ☐ Offsite campuses of hospitals that offer outpatient services solely, and such services do not involve the provision of invasive procedures such as surgical services or heart catheterizations.

REVIEW APPLICATION, CHECKLIST, FEE & DOCUMENTATION

- ☐ Completed Plan Review Application form with “DHH Licensed Project” indicated as the system review type
- ☐ Functional Program (see next section below)
- ☐ This completed checklist
- ☐ Check or money order (no cash accepted) for the licensing plan review fee, payable to the “Department of Public Safety”. Calculate the required review fee from the Fee Calculation schedule, (see Memorandum 2012-02 - minimum \$35 and maximum \$310)
- ☐ One set of drawings (and specifications) stamped by the architect or civil engineer (Professional of Record, (POR)) preparing the documents when applicable. Drawings shall be legible prints or photocopies, live ink or pencil applied by hand is not acceptable
- ☐ Include all existing documentation, if applicable (inspection report(s), equivalency determination letter(s), prior review letter(s), etc.)

FUNCTIONAL PROGRAM [FGI 1.2-2]

The functional program is to be developed by the administration of the facility with the aid of the designer. It shall be provided with each submittal to this office and shall be signed by a representative of the facility. This document establishes the foundation of the design/plan review and describes the fundamental operations of the facility. The functional program shall be used for the development of the project design and construction documents. The facility shall retain this document to facilitate future alterations, additions, and program changes.

Purpose:

Provide a description of those services necessary for the complete operation of the facility

Environment:

Define the "delivery of care" model (Examples include patient-focused care, family-centered care, and community-centered care)

Describe the "systems design" for the intended delivery of care. Services provided and aggregation of services should be clearly defined. Address the use of information technology, medical technology, cross training of staff, etc.

Describe how the proposed layout and design will enhance operational efficiency and the satisfaction of patients/residents, their families, and staff

The layout and design of the physical environment shall support the intended "delivery of care" model and shall address the following:

- Light and Views; (Natural light, nature views, access to outdoors, etc. for patients, staff and visitors)
- Clarity of access; (Entry points, signage, architectural features, etc.)
- Control of environment; (temperature, lighting, sound/noise, etc.)
- Privacy and confidentiality; (Separate public/staff/patient circulation,
- Safety and security
- Finishes
- Cultural responsiveness
- Water features

Functional Requirements:

Indicate the projected operational use and demand for services

Identify relevant circulation patterns for staff, patients, visitors, deliveries, etc.

Explain the operational relationship between various departments

List the needs of the patients/residents, their families, and staff

Identify the communication and information operational needs

List the space and equipment needs. Provide a matrix to show the following:

- Size and function of each space and design feature. Include:
 - Projected occupant load of staff, patients/residents, visitors, vendors, etc.
 - Types and numbers of procedures for treatment areas
 - Required adjacencies
 - Space for dedicated storage
- Furnishings, fixtures, and equipment requirements. Include:
 - Building service equipment descriptions
 - Fixed and movable equipment
 - Furnishing and fixture descriptions
 - Space for dedicated storage
- Circulation patterns. Include:
 - Patterns for staff patients/residents, visitors, vendors, etc.
 - Patterns for equipment and clean/soiled materials
 - Note patterns that are specifically a function of infection control requirements

Planning Considerations:

Identify short and long-term planning considerations for the following:

- Indicate future growth projections
- Impact considerations on existing adjacent structures
- Impact on existing operations and departments
- Flexibility
- Technology and equipment

Nomenclature:

Identify the names of each room, space, and department using the same names identified in the FGI. Names shall be consistent with the submitted floor plans.

SITE PLAN INFORMATION

Provide a site plan drawn to a scale indicated on the plan and in accordance with an accurate boundary line survey.

Plan should indicate as a minimum:

Distances of the proposed building from the property lines (when the building stands alone on the property);

- ___ Distances from “Assumed property lines” (where the building stands with other buildings on the same site.) [IBC Section 503.1.2];
- ___ Identify adjacent buildings and structures and indicate their distances from the subject building. Indicate any potentially hazardous uses (Storage, Industrial occupancies);
- ___ Adjacent roads, drives, alleys, easements or other public ways;
- ___ Parking areas, including parking layouts, features of accessibility, fence and gate locations;
- ___ Design flood elevation, proposed finished floor elevations of the lowest floor and of the lowest finished floor if different, proposed finished grade elevations;
- ___ Flood zone established for the specific site;
- ___ Location of utilities, (water, gas sewer, electrical, sprinkler water, etc.);
- ___ Indicate topographic features of the site.
- ___ Document the elevation of the lowest occupied floor of the structure with respect to grade.

FLOOR PLAN INFORMATION

Provide floor plan(s) drawn to a scale indicated on the plan and dimensioned. Plan(s) should indicate as a minimum:

- ___ Room names and/or uses. Use the same names identified in the FGI. Names shall be consistent with the submitted Functional Program.
- ___ Door and Window locations;
- ___ Indicate occupant loads for each room in Assembly (A1, A2, A3, A4, and A5) occupancies
- ___ Indicate stair, corridor, aisle, and doorway widths in all occupancies

SCHEDULES and DETAILS

Provide sufficient information to identify features indicated in the construction documents:

- ___ Schedules to indicate door / frame and window opening sizes configurations, types, materials, fire resistance ratings and door operating hardware;
- ___ Identify the interior finishes used in each room of the project:
 - ___ Walls and Ceilings
 - ___ Floors

EXTERIOR ELEVATION INFORMATION

Provide elevations of each side of the building. Plans should indicate as a minimum:

- ___ Vertical distance from grade to the average height of the highest roof surface
- ___ Opening locations;

MECHANICAL INFORMATION

Provide mechanical drawings to indicate as a minimum:

- ___ Equipment types and locations;
- ___ Ductwork and piping sizes, CFM, and locations;
- ___ Mechanical ventilation air balance design calculations;
- ___ Return, supply, exhaust and outdoor air supply in accordance with IMC 403.1, 403.2, 403.2.1, 403.3 and Table 403.3 requirements
- ___ Electrical and/or fuel gas requirements of proposed equipment;
- ___ Identify the devices used to protect duct penetrations and air transfer openings in assemblies required to be protected

PLUMBING INFORMATION

Plans should indicate as a minimum:

- ___ Fixture types and locations;
- ___ Usable Floor Space (LSPC 407.1.3);
- ___ Water supply and distribution, Specify source of water supply;
- ___ Identify piping materials, fittings, and valves;
- ___ Backflow protection of potable water;
- ___ Sanitary drainage and cleanouts;
- ___ Specify method of sewage disposal;
- ___ Grease trap/interceptor type, size and location (where applicable);
- ___ Vent sizes and locations;
- ___ Plumbing riser and dimensioned Plumbing Layout Diagram(s);
- ___ Storm/Roof Drainage;
- ___ Water heating equipment size and type;
- ___ Non-conventional plumbing designs (LSPC 1202.1 / Appendix L of LSPC, if applicable);
- ___ Identify the materials and methods of construction used to protect through penetrations and membrane penetrations of horizontal assemblies and fire-resistance-rated wall assemblies [IBC Section 712]

In accordance with the Public Health-Sanitary Code, (LAC Title 51), Part I, Section 119, certain activities require submission of plans to the state health officer, who must approve the plans and issue a permit prior to the initiation of the activity. Refer to the chart below to determine if submission to the DHH - Office of Public Health is required.

Plans for proposed construction, renovation, or use of the following buildings and establishments shall be submitted to the state health officer for review and approval before construction. (LAC Title 51 Part 1, Section 119)

Manufacturing, Processing, Packing and Holding of Food, Drugs and Cosmetics (Part VI)	Food or Drug Manufacturers., Distributors, Wholesalers, or Warehouses; Food Salvaging Operations, Bottled Drinking Water Processor/Packagers (109.B) Bakeries and Manufacturing Confectioneries (505.A.1) Soft Drink Manufacturing (1105.A) Cold Storage and Ice Plants (1303.A)
Milk, Milk Products, and Manufactured Milk Products (Part VII)	All dairies from which milk or milk products are offered for sale (301.A) All milk and milk products plants from which milk or milk products are offered for sale (501.A)
Frozen Desserts (Part VIII)	Plants for the production of frozen desserts (127.A) Depots for Mobile Frozen Dessert Units (141)
Marine and Fresh Water Animal Food Products (Part IX)	Establishments for the cleaning, shucking, picking, peeling, or packing of any marine or fresh-water animal food product (313.A)
Game Bird and Small Animal Slaughter and Processing (Part X)	Every slaughter house and meat packing plant (113.B)
Animals and Animal Diseases; Rendering of Animals (Part XI)	Rendering plant (301.B)
Water Supplies (Part XII)	Public water systems/supplies (105.B)
Sewage Disposal (Part XIII)	Community sewerage system, or make a modification of an existing system which changes the system's capacity, effluent quality, point of discharge, hydraulic or contaminant loadings, or operation of the component units of the system (501.A) Individual sewerage system of any kind (701.A)
Travel Trailers and Mobile/Manufactured Homes (Part XIV – Appendices B & C)	Travel trailer parks (LSPC – B104) Mobile/Manufactured home parks (LSPC – C104)
Hotels, Lodging Houses, Boarding Houses (Part XV)	Hotel, lodging house or boarding house (105.A)
Campsites (Part XVI)	Campsite (301.A)
Public Buildings, Schools, and Other Institutions (Part XVII)	Facilities for any state agency, or any institutional buildings. Institutions include, but are not limited to schools, kindergartens, nursery schools, trade schools, colleges, universities, hospitals, nursing homes, jails, and mortuaries. (103.A)
Jails, Prisons and Other Institutions of Detention or Incarceration (Part XVIII)	Jails, prisons or other institutions of detention or incarceration (101.A)
Hospitals, Ambulatory Surgical Centers, Renal Dialysis Centers (Part XIX)	Hospital, ambulatory surgical center, or renal dialysis center (103.A)
Nursing Homes (Part XX)	Nursing home (103.A)
Day Care Centers and Residential Facilities (Part XXI)	Child and adult day care centers (103.A) Residential Facilities include, but are not limited to group homes, community homes, maternity homes, juvenile detention centers, emergency shelters, halfway homes and schools for the mentally retarded.
Retail Food Establishments (Part XXIII)	Food establishment or retail food store/market (307.A) Itinerant food establishments or itinerant retail food stores/markets (4131.A) Mobile Food Establishments/Depot (4509.A & 4523.B)
Swimming Pools and Natural or Semi-Artificial Swimming or Bathing Places (Part XXIV)	Swimming pool, water park or water slide public or private, including, but not limited to, those owned by clubs, private schools, apartment houses, and condominiums. (103.A.b)

Burial, Transportation, Disinterment or Other Disposition of Dead Human Bodies (Part XXVI)	Funeral establishments (105.A)
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If the proposed project meets one or more of the descriptions above, contact a sanitarian or an engineer at the appropriate Department of Public Health regional office listed below to inquire where plans and specifications are to be submitted. In some cases, plans and specs will be reviewed by OPH sanitarians or engineers who are housed at offices other than those listed below.

1 Metro Region I 1450 Poydras Street, Suite 1273 New Orleans, LA 70112 (504) 599-0100 fax (504) 599-0101	2 Capitol Region II 7173A Florida Blvd Baton Rouge, LA 70806 (225) 925-7230 fax (225) 925-3832	3 Teche Region III 1434 Tiger Dr Thibodaux, LA 70301 (985) 449-5007 x 345 fax (985) 449-5011
4 Acadian Region IV 825 Kaliste Saloom Bldg. 3, Suite 100 Lafayette, LA 70508 (337) 262-5311 fax (337) 262-5638	5 Southwest Region V 707 A East Prien Lake Road Lake Charles, LA 70601 (337) 475-3200 fax (337) 475-3222	6 Central Region VI 5604-B Coliseum Blvd Alexandria, LA 71303 (318) 487-5262 fax (318) 487-5338
7 Northwest Region VII 1525 Fairfield Ave, Room 566 Shreveport, LA 71101 (318) 676-7470 fax (318) 676-5170	8 Northeast Region VIII 1650 Desiard Street 2nd Floor Monroe, LA 71201 (318) 361-7201 fax (318) 362-3163	9 Southeast Region IX 21454 Koop Dr., Suite 1C Mandeville, LA 70471 (985) 871-1300 fax (985) 871-1335

ELECTRICAL INFORMATION

- Plans should indicate as a minimum:
- ___ Receptacle and Lighting locations with circuits identified and symbol legends;
 - ___ GFCI locations;
 - ___ Exit Signage and Emergency Lighting locations
 - ___ Equipment and Fixture schedules;
 - ___ Service Entrance Feeder riser diagrams;
 - ___ Indicate Meter type and location;
 - ___ Transformer Ground fault calculations;
 - ___ Panelboard ratings & locations;
 - ___ Balanced panel load schedules in amps and KVA;
 - ___ Size and ratings of all overcurrent protection devices;
 - ___ Specify all conductor sizes in accordance with NEC 215.5, 215.2, 220.3 and annex G 80.21(a)(b)(c) requirements.
 - ___ Essential Electrical System design information (generator);
 - ___ Identify the materials and methods of construction used to protect through penetrations and membrane penetrations of horizontal assemblies and fire-resistance-rated wall assemblies.